COMBINED DECLARATION FOR

ENT APPLICATION AND POWER OF ATT

ATTORNEY'S DOCKET NUMBER

(Includes Reference to PC1	International Applications)
As a below named inventor,	I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Carbo	oxamides
the specifi	cation of which (check only one item below):
	is attached hereto.
	was filed as United States application
	Serial No.
	on
	and was amended
	on (if applicable).
X	was filed as PCT international application
	Number PCT/EP2003/012080
	on, 30 October 2003
	and was amended under PCT Article 19
	on (if applicable).
amended	state that I have reviewed and understand the contents of the above-identified specification, including the claims, as by any amendment referred to above.
	rledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including fo tion-in-part applications, material information which became available between the filing date of the prior application tational or PCT international filing date of the continuation-in-part application.
	claim priority benefits under Title 35, United States Code, § 119 or 365 (b) of the following United States provisions

application(s) and of any foreign application(s) for patent or inventor's certificate of application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: DATE OF FILING (day, month, year) PRIORITY CLAIMED UNDER 35 USC 119 COUNTRY (if PCT, indicate "PCT") APPLICATION NUMBER 21 November 2002 🔀 YES J NO 102 54 336.4 Germany YES NO YES NO YES NO YES NO

	The state of the s
POWER OF ATTORNEY: As a named inventor, I hereby app	oint I. William Millen (19,544); John L. White (17,746); Anthony J.
Zelano (27 969): Alan E.J. Branigan (20,565); John R. Moses	(24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J
Traverso (30, 595): John A. Sopp (33, 103); Richard M. Lebovi	tz (37,067); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer (50,908) to prosecute this
The state of the s	G. Diowii (4),451), und Cozon months (4)
application and transact all business in the Patent and Trademar	K ()IIICE COINCEICG dierewias.
application and transact air ousmess in the	Telephone No. Direct Telephone Calls to

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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

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ATTORNEY'S DOCKET NUMBER

SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 CITIZENSHIP 8 STATE & ZIP CODE/COUNTRY STREET CITY POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY **RESIDENCE &** 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY STREET POST OFFICE **ADDRESS** SECOND GIVEN NAME FIRST GIVEN NAME **FAMILY NAME FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY **RESIDENCE &** 1 CITIZENSHIP 0 STATE & ZIP CODE/COUNTRY CITY STREET POST OFFICE **ADDRESS** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 1 CITIZENSHIP 1 CITY STATE & ZIP CODE/COUNTRY POST OFFICE **ADDRESS** SECOND GIVEN NAME **FULL NAME** FAMILY NAME FIRST GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 1 CITIZENSHIP 2 POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
Dieter Don d	21 March 2005	anistope van chuster dan	21 March20
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
be been braun	21 March 2005		
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
1 chilo Trakladicato	21 March 2005		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
Men ched !!	21 March 2005		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
Hours Well	21 March 2005		
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE
Jalues >	21 March 2005		
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